



COV-01215 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY.**

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER										COMMON REFERENCE NUMBER (IF ANY)										DATE OF BIRTH (MMDDYYYY)										TAX IDENTIFICATION NUMBER (IF ANY)																													
NAME (LAST NAME)										(FIRST NAME)										(MIDDLE NAME)										(SUFFIX)																													
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)																																								(HOUSE/LOT & BLK NO.)										(STREET NAME)									
(SUBDIVISION)										(BARANGAY/DISTRICT/LOCALITY)										(CITY/MUNICIPALITY)										(PROVINCE)										ZIP CODE																			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)															MOBILE/CELLPHONE NUMBER															E-MAIL ADDRESS																													
FOREIGN ADDRESS (IF APPLICABLE)																									COUNTRY										ZIP CODE																								

B. DATA CHANGE/CORRECTION/UPDATING

A. ☐ CHANGE OF MEMBERSHIP TYPE

FROM

- ☐ Employed
- ☐ Voluntary
- ☐ Overseas Filipino Worker
- ☐ Non-Working Spouse (NWS)
- ☐ Prior Registrant

(A person who registered with the SSS for the first time as a prospective employee.)

TO

- ☐
- Self-Employed (Please fill-out the details below.)

Profession/Business

Year Profession/Business Started

Monthly Earnings (P)

TO (Option for Prior Registrant Only)

- ☐
- Non-Working Spouse (Please fill-out the details below.)

SS No./CRN of Working Spouse

Monthly Income of Working Spouse (P)

I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

FROM

TO

B. ☐ CORRECTION OF NAME

- ☐ Last Name
- ☐ First Name
- ☐ Middle Name
(or change of middle initial to middle name)
- ☐ Prefix (e.g., "de", "dela", "delos", "del", "Ma," or "Maria") or Suffix (e.g., Jr., II or III)
- ☐ Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/ deletion of space and special characters)
- ☐ Due to Re-marriage

C. ☐ CORRECTION OF DATE OF BIRTH

D. ☐ CORRECTION OF SEX

E. ☐ CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

- ☐ Single to Married
☐ Married to Legally Separated
☐ Married to Widowed
☐ Reversion from Married to Single

F. ☐ UPDATING OF CONTACT INFORMATION

- ☐ Address ☐ Telephone Number ☐ E-mail Address ☐ Mobile/Cellphone Number

G. ☐ UPDATING OF BANK INFORMATION

Bank Name

Bank Branch

Account Number

- ☐ **Benefits (Sickness/
Maternity/Partial Disability)**
- ☐ **Loans**
- ☐ **PESO Fund**

H. ☐ **UPDATING OF MEMBER RECORD STATUS** (From "Temporary" to "Permanent") - please indicate submitted documents

I. ☐ UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.			☐ New/Additional ☐ Deletion
2.			☐ New/Additional ☐ Deletion
3.			☐ New/Additional ☐ Deletion

C. CERTIFICATION			
SS NUMBER 	I certify that the information provided in this form are true and correct.		
PRINTED NAME _____ If member cannot sign, affix fingerprints (please see Instruction no. 5). Below are the witnesses to fingerprinting:	SIGNATURE _____	DATE _____	
1) PRINTED NAME _____ ADDRESS & CONTACT NUMBER _____	SIGNATURE _____	DATE _____	RIGHT THUMB
2) PRINTED NAME _____ ADDRESS & CONTACT NUMBER _____	SIGNATURE _____	DATE _____	
PART II - TO BE FILLED OUT BY SSS			
For Change of Membership Type to Self-Employed Business Code _____ Approved MSC _____ Start of Payment _____ Monthly SS Contribution (P) _____		For Change of Membership Type to Non-Working Spouse Working Spouse's MSC _____ Approved MSC of NWS _____ Start of Payment _____ Monthly SS Contribution (P) _____	
RECEIVED BY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ BRANCH _____			
PROCESSED BY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____		ENCODED BY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	
REVIEWED BY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____		APPROVED BY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	

INSTRUCTIONS

1. Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
2. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - a. Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - b. Filed by employer or company representative or household employer
 1. SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; **and**
 2. Additional ID card/s per type of filer
 - 2.a Company ID of the **employer-filer**, with signature and photo, if filed by employer
 - 2.b Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
 - 2.c Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
4. If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - b. Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
6. If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.			☐ New/Additional ☐ Deletion
2.			☐ New/Additional ☐ Deletion
3.			☐ New/Additional ☐ Deletion
4.			☐ New/Additional ☐ Deletion
5.			☐ New/Additional ☐ Deletion